AMENDMENTS TO THE CLAIMS

1. **(Original)** The use of a preparation based on an antibody directed against a tumor-associated glycosylation for preparing a medicament for the prophylactic and/or therapeutic treatment for the reduction or inhibition, respectively, of the growth of tumor cells in a cancer patient by inhibiting glycosylated tumor cell receptors.

2. **(Previously Amended)** A method of treating a patient to reduce or inhibit the growth of tumor cells in a cancer by inhibiting glycosylated tumor cell receptors, comprising administering to a patient an antibody directed against a tumor-associated glycosylation.

3. **(Currently Amended)** The method according to ~~claim 1~~ claim 2 for treating a patient in combination with a chemotherapy.

4. **(Currently Amended)** The method according to ~~claim 1~~ claim 2 for treating a chemotherapy-resistance.

5. **(Currently Amended)** The method according to ~~claim 1~~ claim 2 for treating the "minimal residual disease".

6. **(Currently Amended)**) The method according to ~~claim 1~~ claim 2 for preventing the mitogenic stimulation of a tumor cell by the epidermal growth factor (EGF) and/or by heregulin.

7. **(Currently Amended)** The method according to ~~claim 1~~ claim 2 for the lysis of tumor cells which express a receptor from the family of the EGF receptors.

8. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, wherein said antibody is directed against Lewis antigens.

9. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, wherein said antibody is directed against an aberrant glycosylation.

10. **(Previously Presented)** The method according to claim 9, wherein said aberrant glycosylation is a Lewis x-, Lewis b- or Lewis-y-structure, sialyl-Tn, Tn antigen, GloboH, KH1, TF antigen or an alpha-1,3-galactosyl epitope.

11. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, wherein said antibody is a monoclonal antibody.

12. **(Presently Presented)** The method according to claim 11, wherein said monoclonal antibody is a human, humanized, chimeric or murine antibody.

13. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, characterised in that an antibody having an affinity to binding the EGF receptor with a dissociation constant of below a Kd value of 10^{-6} mol/l, preferably less than 10^{-7}mol/1, most preferred 10^{-8}mol/1, or less, is used.

14. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, characterised in that the antibody is used in a dose of at least 50 mg, preferably at least 100 mg, most preferred at least 200 mg, up to 2 g per patient.

15. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, characterised in that an antibody derivative is used which comprises at least the Fab-portion of an antibody and binds to a tumor-associated glycosylation.

16. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, characterised in that the patient suffers from a cancer with tumor cells which express a receptor from the family of the EGF receptors.

17. **(Previously Presented)** A pharmaceutical preparation for treating cancer patients and containing an antibody directed against a tumor-associated glycosylation at a concentration ranging from 0.1-10%, preferably 1-5%.

18. **(Previously Presented)** A preparation for the pharmaceutical and/or diagnostic use, based on an antibody derivative comprising at least a Fab-portion of an antibody which binds to a tumor-associated glycosylation and has a CDC and ADCC activity of less than 50% of the native antibody.

19. **(Currently Amended)** The method according to ~~claim 1~~ claim 2, characterised in that a body fluid or a tissue from a cancer patient is treated ex vivo, in particular bone marrow, blood, serum or organ components.

20. **(Previously Presented)** The method according to claim 19, characterised in that the cancer patient is treated within the frame of a high dosage chemotherapy.

21. **(Previously Presented)** The method according to claim 19, characterised in that the body fluid, or the tissue, respectively, is derived from a patient with the risk of a cancer disease.

22. **(Previously Presented)** A method of producing a preparation based on a body fluid or tissue, in particular bone marrow, blood, serum or organ components, by

- ex vivo treatment of the body fluid or of the tissue with an antibody directed against a tumor-associated glycosylation for forming a cellular immune complex, and
- optionally separating the immune complex.

23. **(Previously Presented)** A preparation obtainable by a method according to claim 22 and having a reduced content of receptors from the EGF-receptor family.

24. **(Previously Presented)** A method of determining the risk of metastasis formation in a cancer patient, by

- providing a sample of a body fluid from a cancer patient,
- contacting said sample with an antibody directed against a tumor-associated

glycosylation for forming a cellular immune complex of potentially present tumor cells with said antibody, and

– qualitative and/or quantitative determination of the immune complex in the body fluid as a measure of the metastasis-forming potential.

25. **(Previously Presented)** A diagnostic agent, containing an antibody directed against a tumor-associated glycosylation in combination with a carrier for separating a cellular immune complex.

26. **(Previously Presented)** A diagnostic agent containing an antibody directed against a tumor-associated glycosylation in combination with a labelling for determining a cellular immune complex.

27. **(New)** The method according to claim 2, wherein said antibody is a humanized antibody directed against Lewis Y antigen.

28. **(New)** The method according to claim 27, wherein said antibody is administered in combination with a carrier.